

Health Information Exchange Patient Opt-Out Form



To be completed by patients who do not wish to participate in UPMC Health Information Exchanges.

A Health Information Exchange (HIE) is a way that health information may be electronically shared. UPMC participates in various HIEs on both a regional and a national basis. Organizations participating in HIEs include insurers, hospitals, physician(s) and other organizations that provide treatment related services. A HIE gives these organizations the benefit of accessing the most current information available from other participating organizations.

You may choose not to have your information shared through a HIE. However, your decision does not affect the information that was shared prior to the time you chose not to participate. You can learn more about the Health Information Exchanges that UPMC participates in by searching for UPMC's Notice of Privacy Practices at www.upmc.com.

To opt out of Health Information Exchanges that UPMC participates in, please complete this form and return to your UPMC doctor's office or email to PrivacyAskUs@upmc.edu.

Required Information for Patient Opting Out (Please print clearly)

First Name _____ Middle Name _____

Last Name _____

Address _____

City _____ State _____ Zip Code _____

Primary Phone Number _____

Date of Birth _____ Sex (M/F) _____

Patient Signature _____ Date _____

If this form is signed by someone other than the person named above, the person signing certifies that they are acting in the capacity indicated below on behalf of the person named above:

(CHECK ONE) _____ Parent _____ Legal Guardian _____ Other (specify relationship) _____